

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005705

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

393

Primary Registration District No.

1002

Registrar's No.

632

FILED FEB 18 1963

## 1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

Length of stay in lb

Minutes

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Municipal  
Municipal Airport

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY OR TOWN

St. Louis

4002

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

6131 Roxburgh Drive

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

NATHION

Middle

E.

Last

GARBER

4. DATE OF DEATH

Month

January

Day

29

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

6-11-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

District Buyer

10b. KIND OF BUSINESS OR INDUSTRY

Greenberg Mercantile

11. BIRTHPLACE (City and state or country)

Minneapolis, Minn

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Isaac Garber

13b. MOTHER'S MAIDEN NAME

G. Wohl

14. NAME OF HUSBAND OR WIFE

Belle Silver Garber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Wife

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Injuries; Multiple, extreme

INTERVAL BETWEEN ONSET AND DEATH

Seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Airplane Accident

20c. TIME OF INJURY  
Hour a.m. p.m.

10:45 PM

Month, Day, Year

1-29-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Airport

20f. CITY, TOWN, OR LOCATION

Kansas City

COUNTY

Clay

STATE

Missouri

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 10:45 PM \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank Mandlin, Acting Coroner

22b. ADDRESS

Liberty, Missouri, Courthouse

22c. DATE SIGNED

1-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-30-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

E. C. Ho

25. DATE RECD. BY LOCAL REG.

1-31-63

26. REGISTRAR'S SIGNATURE

Ruth Long

Kansas City Mortuary Service, 4316 Troost

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Forrest D. Goldsboro

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Removal 1-30-03  
Mt. Zion Cemetery  
St. Louis, Missouri  
Kansas City Mortuary Service, 1510 Troost  
Kansas City